

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/766,104
	Filing Date	January 27, 2004
	First Named Inventor	Woonza M. Rhee
	Art Unit	1618
	Examiner Name	Blessing M. Fubara
	Attorney Docket Number	112129.403C5

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **41551**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **41551**

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,  
to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>H.P. Weber</i>	<i>M. D. Dawnecker</i>	Date	26 <sup>th</sup> Sept. 2007
Name	HANS PETER WEBER MIERG DAWNECKER			
Title and Company (Assignee)	Director DIRECTOR Angiodevice International GmbH			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1030510\_1.DOC